STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT WITHOUT YOUR RESPONSE.

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J.,	Deficiency Clarification"	
	see attached " Keslaenr#	
	on 4/20/2020 Please	
	signed clarifying orders	
	4/14/2020 for review and	
4/20/2020	clarification document or	diet order, "pureed and honey thick liquids," was clarified with the physician to include the type of diet.
	Physician was sent	FINDINGS Resident #1 _ No documented evidence that the 1/21/2020
	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	physician or APKN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.
	DID YOU CORRECT THE DEFICIENCY?	admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's
	PART 1	\(\) \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Date	I LAW OF CONNECTION	NOLES (CM LEMA)
Completion	PLAN OF CORRECTION	RULES (CRITERIA)

PART 2 Che and shall resident's shall be USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN THE 1/21/2020 RN Manager to verify type was clarified of diet for each resident about specificity. Diet orderstype, consistency! added to check List" template used to verify resident records. Please see of tecklist Template." Checklist Template."	71:		
PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? RN Manager to verify type of diet for each resident and notify case managers about specificity. Diet orderstype, consistency! added to "Check List" template used to verify resident records. Please see ottached "Resident	HI C	Checklist Template."	
PART 2 EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? RN Manager to verify type of diet for each resident and notify case managers about specificity. Diet orderstype, consistency, added to check List" template used to verify resident records. Please	37. äu		
PART 2 EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? RN Manager to verify type of diet for each resident and notify case managers about specificity. "Diet orderstype, consistency!" added to "Check List" template used	i 02	to verify resident records. Please	
PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? RN Manager to verify type of diet for each resident and notify case managers about specificity. "Diet orderstype, consistency!" added to type, consistency!" added to	₹ ×±	"Check List" template used	
PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? RN Manager to verify type of diet for each resident and notify case managers about specificity. Diet orders -			
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PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? RN Manager to verify type of diet for each resident			
PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? RN Manager to verify type			with the bity sixtan to invitate the type of their
PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	4/14/2		FINDINGS Resident #1 — No documented evidence that the 1/21/2020 diet order, "pureed and honey thick liquids," was clarified with the physician to include the type of diet
PART 2 shall ident's FUTURE PLAN		USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	physician or APKN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.
PART 2		FUTURE PLAN	admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's
		PART 2	\$11-100.1-13 Nutrition. (i)
	Date	I LAW OF CONNECTION	ROLES (CNIENIA)

	\$11-100.1-15 Medications. (e) All medications and supplements, such as vitamins minerals, and formulas, shall be made available as by a physician or APRN. FINDINGS Resident #1 — Two (2) different orders for Hyoscya available. Please clarify with physician.	
	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – Two (2) different orders for Hyoscyamine available. Please clarify with physician.	
Clanfication."	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Physician was sent clanification document on 4/14/2020 for renew and signed clanifying orders on 4/20/2020.	
SE THE SS and US.	, , ,	Date

Z1:		
1973 H. Harris		
S UZ,	sician prior	
	By" and verify medication	
	When signing POS "Reviewed	
100	visit summary. monthly	
4/14/20.24	orders against after	
	RN manager to verify	
	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FINDINGS Resident #1 – Two (2) different orders for Hyoscyamine available. Please clarify with physician.
	FUTURE PLAN	minerals, and formulas, shall be made available as ordered by a physician or APRN.
	PART 2	§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins,
Date	PLAIN OF CORRECTION	RULES (CRITERIA)

	right."	
7/14/2020	to "(2) gummies orally at	
	Label has been corrected	bottle, serving size = two (2) gummies for 5 mg. Medication label states one (1) gummy orally at night. Only 2.5 mg being administered.
	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	FINDINGS Resident #2 – Medication order for Melatonin states 5 mg orally at night. According to over the counter medication
	DID YOU CORRECT THE DEFICIENCY?	minerals, and formulas, shall be made available as ordered by a physician or APRN.
	PART 1	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins,
Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)

					label states one (1) gummy orally at night. Only 2.5 mg being administered.	FINDINGS Resident #2 – Medication order for Melatonin states 5 mg orally at night. According to over the counter medication bottle, serving size = two (2) gummies for 5 mg. Medication	All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	RULES (CRITERIA)
SMECHACE SEVIS	drawer.	medication in resident	size before placing orc	OTC medication serving	RN Manager to venify	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FUTURE PLAN	PLAN OF CORRECTION PART 2
Et IIV ZZ od v 0Z.				4/14/2020	`			Completion Date

	See attached "Resident #2 - Metamucil Clanfication"		
	to "Take (5) capsules orally daily PRN diarrhea." Please		
	Order has been changed		
	with resident on 4/14/2020.		
4/14/2020	through proxy account		
-	Physician messaged	(1) packet orally daily as needed;" however, capsules are provided instead. Please clarify with physician.	
	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	FINDINGS Resident #2 – Medication order and medication administration record (MAR) for Psyllium state, "Take one	
	PART 1 DID YOU CORRECT THE DEFICIENCY?	All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	
Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)	
2	NT LAT OF CONDITION	יו זמת שמיי שני היי היי היי היי היי היי היי היי היי ה	

										Resident #2 – Medication order and medication administration record (MAR) for Psyllium state, "Take one (1) packet orally daily as needed;" however, capsules are provided instead. Please clarify with physician.	minerals, and formulas, shall be made available as ordered by a physician or APRN.	§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins,	RULES (CRITERIA)
+03-9+ -04-	Orders Template. Please	Physicians Order or Phone	account or fax orders using	physician approval via proxy	manager to also document	in resident drawer. Pr	before placing OTC medication	OTC medication with MD	RN manager to verify	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FUTURE PLAN	PART 2	PLAN OF CORRECTION
 // N.		ζ,	·				5			4/11/2020			Completion Date

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		FINDINGS Resident #1 – Medication orders not reevaluated and signed by the physician every four (4) months from 4/25/2019 to 9/12/2019.	All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.	RULES (CRITERIA)
nation of Latvis	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.		PART 1	PLAN OF CORRECTION
opsomies ints	•			Completion
No. 6 P. F. F.				ion

ξ (template.	
• 10	when ofter visit summary is	
773	or Phone Orders Template	
7,42,42	list using Physicians Orders	
2. 2.	approval by faxing medication	
	RN to document physician	
`	is not done during visit,	
	to starting visit. If this	
	sign medication orders prof	
4/14/2020	RN manager to have MD	
ć	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FINDINGS Resident #1 – Medication orders not reevaluated and signed by the physician every four (4) months from 4/25/2019 to 9/12/2019.
	FUTURE PLAN	§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.
Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)

E P	FINDINGS Resident #2 – Telephone order on 4/26/2019 for, "Boost 240 ml orally once daily at snack time," was not countersigned by physician within four (4) months.	§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.	KULES (CKILEKIA)
Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.		PART 1	PLAIN OF CORRECTION
E1: 11W ZZ 800 CZ.			Date

EI: IM ZZ @# 0Z.	Please see attained template.	
	Phone Orders Template."	
	none order	
4/14/2020	countersign by faxing MD	
	RN to document physician's	оу рнузглан мини тош (+) шопшз.
	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FINDINGS Resident #2 – Telephone order on 4/26/2019 for, "Boost 240 ml orally once daily at snack time," was not countersigned by shorting within four (4) months.
	USE THIS SPACE TO EXPLAIN YOUR FUTURE	verbal order for the medication.
	FUTURE PLAN	recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians
	PART 2	\\$11-100.1-15 \overline{\text{Medications.}} (h) All telephone and verbal orders for medication shall be
Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)

USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Monitor will be turned off while not in use privately by staff and/or covered with screen pritector to provide privacy when not in use by staff. Policy regarding surveillance cameras has been enacted and sent to families on 4/21/2020 Sent to families on 4/21/2020 Please find copy of	
IS SPACE TO TELL US HOW YOU RRECTED THE DEFICIENCY Will be turned Thile not in use this by staff and for vide privacy when not by staff. Policy by staff. Policy een enacted and een enacted and families on 4/21/2020	
IS SPACE TO TELL US HOW YOU RRECTED THE DEFICIENCY Will be twrned while not in use the by staff and for wide privacy when not by staff. Policy surveillance cameras een enacted and families on 4/21/	Ü
IS SPACE TO TELL US HOW YOU RRECTED THE DEFICIENCY will be turned thise not in use ity by staff and/or d with screen protector vide privacy when not by staff. Policy een enacted and so	St
IS SPACE TO TELL US HOW YOU RRECTED THE DEFICIENCY Will be twrned while not in use the by staff and/or d with screen profector vide privacy when not by staff. Policy The surveillance cameras	5
IS SPACE TO TELL US HOW YOU RRECTED THE DEFICIENCY I will be turned thile not in use this by stass and/or d with screen protector vide privacy when not by staff. Policy	re
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EDEFICIENCY? LL US HOW YOU DEFICIENCY threed in use sf and/or reen profector	+
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E DEFICIENCY? LL US HOW YOU DEFICIENCY THAT & d	
USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Monitor will be turned	FINDINGS Surveillance monitor of all residents' bedrooms/beds in public area upstairs. In addition, no policy available
DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	personal needs;
DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL, US HOW YOU	Be treated with understanding, respect, and full consideration of the resident's dignity and individuality,
DID YOU CORRECT THE DEFICIENCY?	Each resident shall:
	Residents' rights and responsibilities:
PART 1	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E)
Date	NOLES (CNIENIA)

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with other policies and	
stored in Tab 16 of	
surveillance policies will be	
can be admitted	
needed before new clients	
olicy available included with paperworks.	public area upstairs. In addition, no policy available regarding use of surveillance cameras.
bedrooms/beds in Surveillance policies to	FINDINGS Surveillance monitor of all residents' bedrooms/beds in
	Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;
TIGE THIS SPACE TO EXPLAIN VOLID FUTURE	Each resident shall:
FUTURE PLAN	Residents' rights and responsibilities:
v care givers' rights and PART 2	\{811-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E)
I LOUI OF CO	NOLES (CMIENA)
PLAN OF CORRECTION PART 2	RIA) care givers' rights and

Licensee's/Administrator's Signature: + Wy Mk. L

Print Name: _

Amy M.K. Gangloff

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